



RACIAL AND ETHNIC ADULT DISPARITIES IN IMMUNIZATION INITIATIVE

WHAT IS THE PUBLIC HEALTH ISSUE?

About 46,000 to 48,000 adults in the United States die each year from vaccine-preventable diseases and about 114,000 people are hospitalized because of influenza. An average of 36,000 people, mostly aged 65 years and older, die annually due to influenza and its complications. Annually, about 60,000 cases of invasive pneumococcal disease occur in the United States, with one-third of these cases and half of the resulting deaths occurring in people 65 years of age and older. African Americans and Hispanics have significantly lower influenza and pneumococcal immunization coverage levels compared to the rest of the population. Influenza vaccination coverage among adults 65 years of age and older is 68% for whites, 48% for African Americans, and 54% for Hispanics. The gap for pneumococcal vaccination coverage among ethnic groups is even wider, with 60% for whites, 38% for African Americans, and 36% for Hispanics. Little is known about the best intervention strategies for these populations.

WHAT HAS CDC ACCOMPLISHED?

The Department of Health and Human Services (HHS) has made the elimination of racial and ethnic disparities in influenza and pneumococcal vaccination coverage for people 65 years of age and older a priority. To address these disparities and to assist in reaching the 2010 national health goal of 90% influenza and pneumococcal vaccination rates among persons 65 years of age and older, HHS, in collaboration with CDC and other federal partners, launched the Racial and Ethnic Adult Disparities Immunization Initiative (READII) in July 2002.

CDC is implementing the READII project with the support of the Centers for Medicare and Medicaid Services, the Health Resources and Services Administration, the Administration on Aging, the Agency for Healthcare Research and Quality, and other federal agencies. A READII demonstration project is being conducted in five sites (Chicago; Rochester [NY], San Antonio, Milwaukee, and 19 counties in the Mississippi Delta region) to improve influenza and pneumococcal vaccination rates for African Americans and Hispanics 65 years of age and older. READII sites have developed partnerships with public health professionals, medical providers and community organizations (e.g., large health plans, insurers, minority health professional organizations, churches, local community groups, and civic leaders). They are collaborating with these stakeholders to develop and implement community-based plans focusing on evidence-based interventions and innovative approaches to increasing immunization levels.

READII interventions include provider-based interventions (assessment and feedback to providers, multi-component provider education, standing orders, and provider reminder/recall); increasing community demand for vaccinations (client reminder/recall and multi-component interventions including community-wide and clinic-based education); enhancing access to vaccination services (expanding access in healthcare settings and reducing out of pocket costs); and vaccination interventions in nonmedical settings. Interventions vary by site and are based on state and local choice. Each site has developed multifaceted evaluation plans containing outcome, intervention specific, and process measures.

WHAT ARE THE NEXT STEPS?

At the conclusion of the READII demonstration project, CDC plans to share lessons learned and, should additional resources become available, replicate "what works" in other sites across the country.

For additional information on this or other CDC programs, visit www.cdc.gov/program

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